

# Bridges over Multiple Biotech Corridors

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Sciences; AstraZeneca

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# Background



# T-cell engager mechanism-of-action

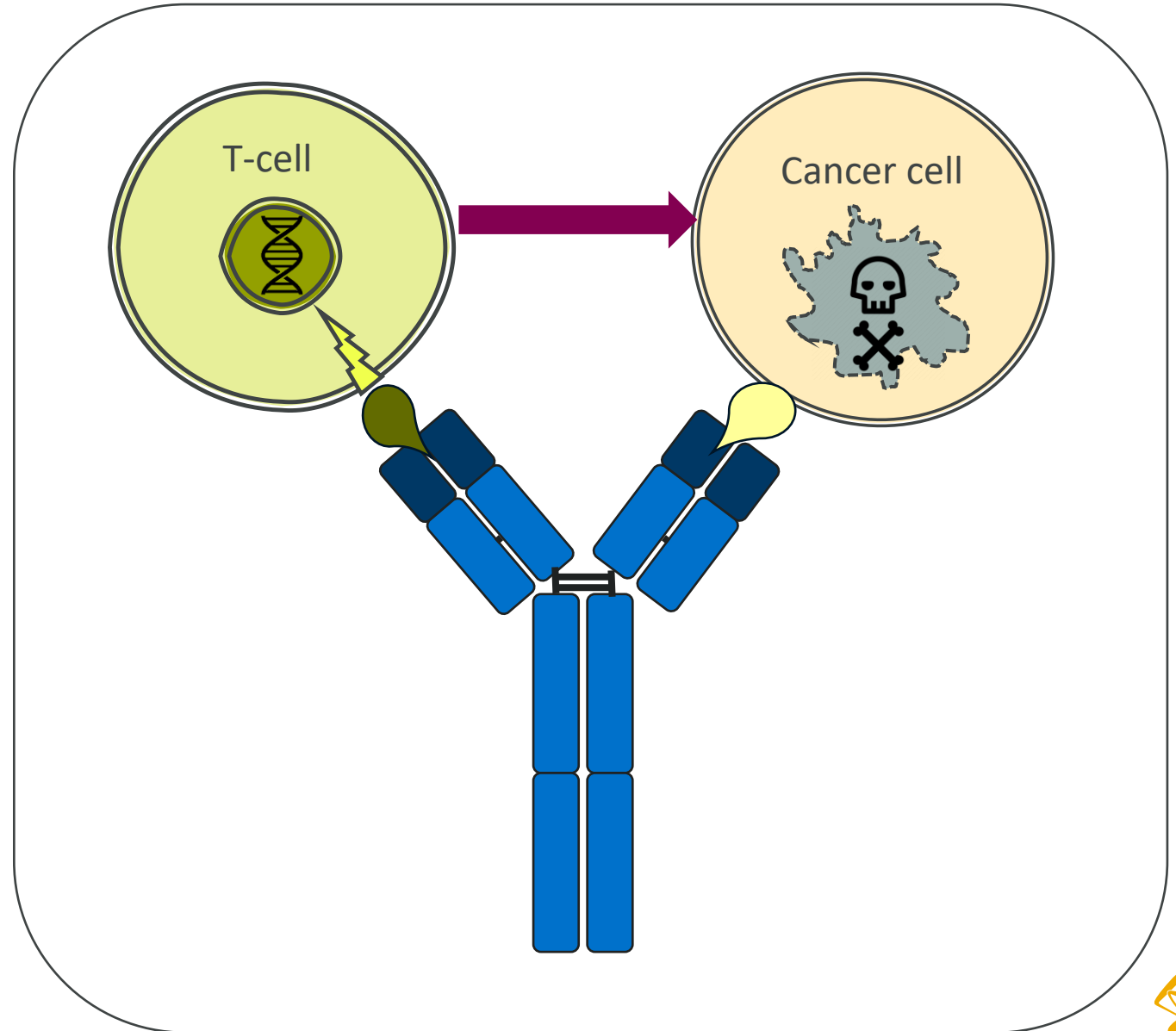
## Acquired from startup and a partnered CMO

Manufacturing and analytical testing remained at CMO

### MoA: T-cell Engager

- Simultaneously binds T-cells and cancer cells expressing a target antigen
- Activates T-cells to kill cancer cells

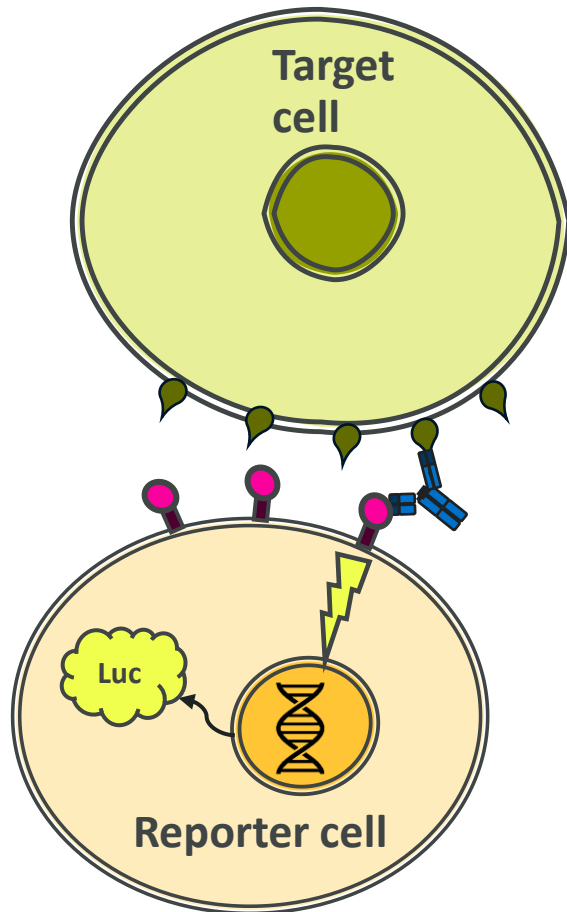
**Fc effector function null**



# 3 potency assays on lot-release and stability spec when acquired

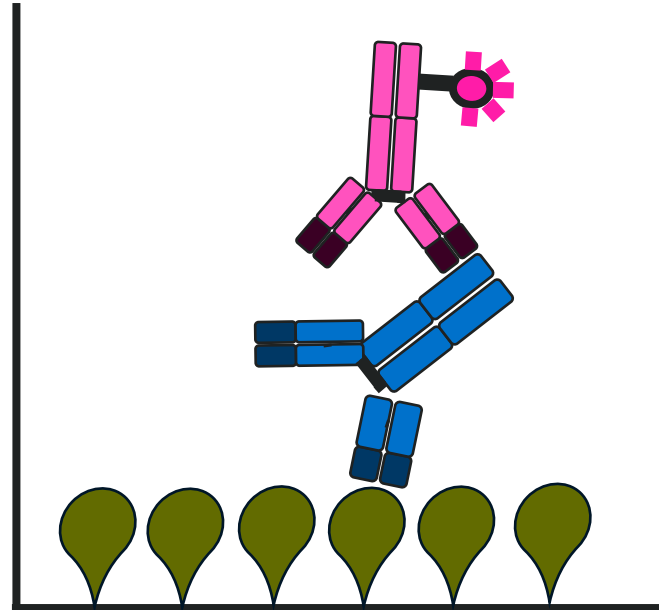
## #1: Dual-cell Reporter Gene Assay (RGA)

- Reporter cell line (TCR expression)
- Target cell line (target antigen expression)



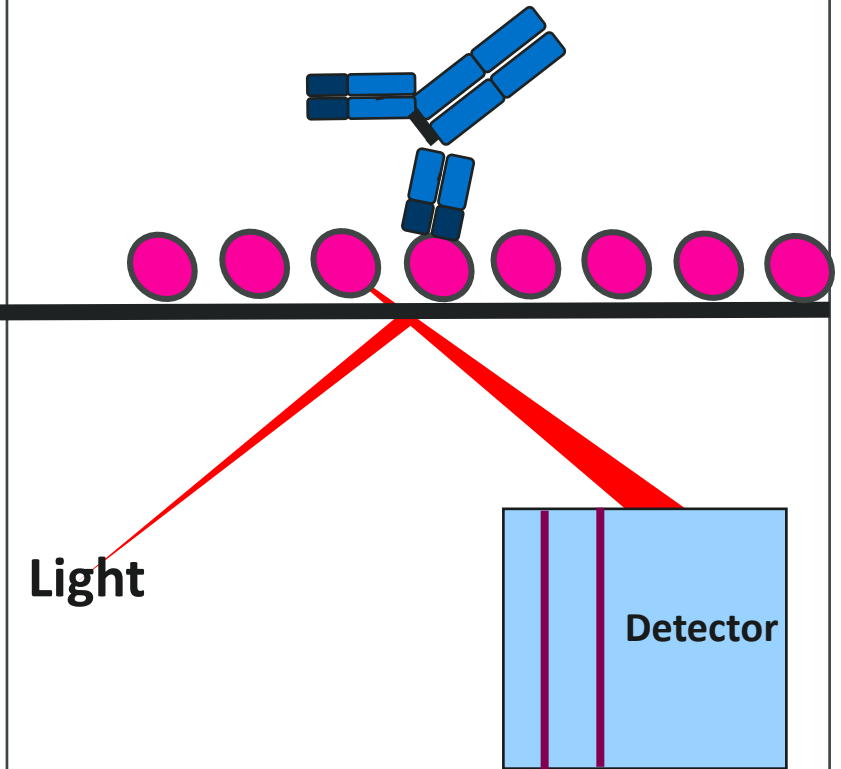
## #2: Antigen-binding ELISA

- Purified target antigen protein
- HRP-conjugated anti-human Fc mAb



## #3: TCR SPR Assay

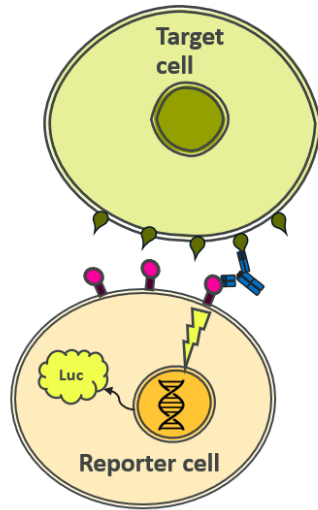
- Purified TCR-associated protein
- HRP-conjugated anti-human Fc mAb



# Future strategy: Only RGA method on specification for potency

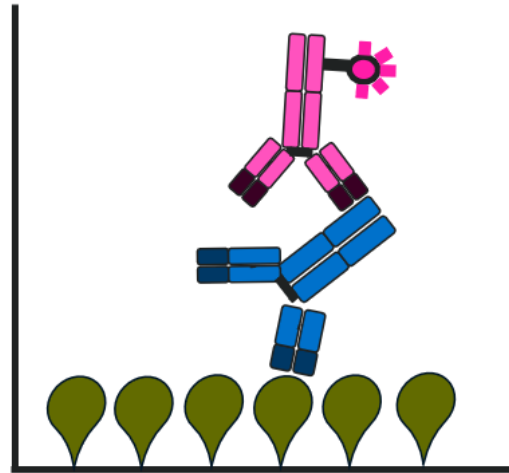
## Dual-target RGA

Lot-release



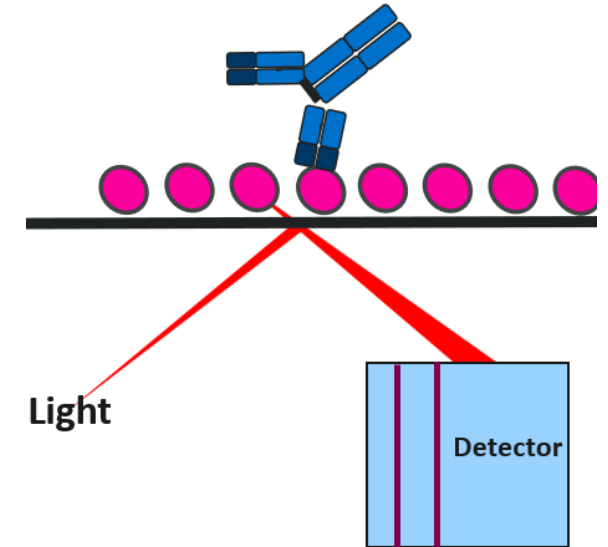
## Antigen-binding ELISA

Characterization



## TCR SPR

Characterization

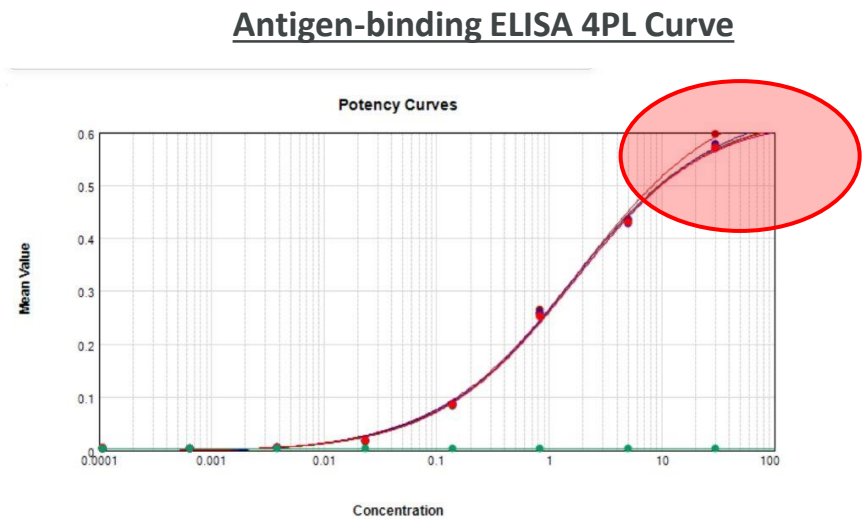
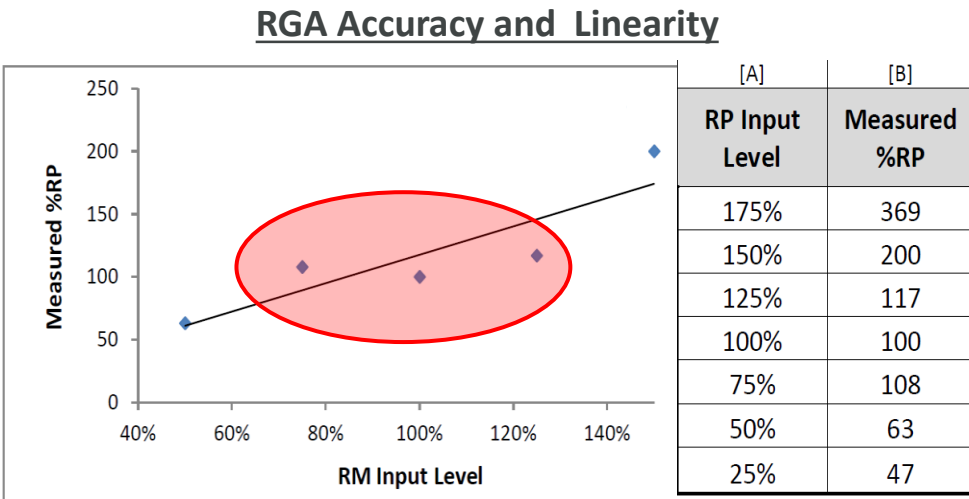


## How:

1. Defend that RGA is cell-based and fully MoA-reflective. Binding assays are non-cell based and partially MoA-reflective.
2. Use **method bridging** to demonstrate RGA and binding assays are equivalent in method performance

# Multiple challenges to address before and during bridging study

- 1. RGA performance not suitable for late-stage/commercial
- 2. Antigen-binding ELISA recurring system suitability failures
- 3. Simultaneous parallel process/formulation changes and CQA evaluations
- 4. Assays located at 2 different CMO sites





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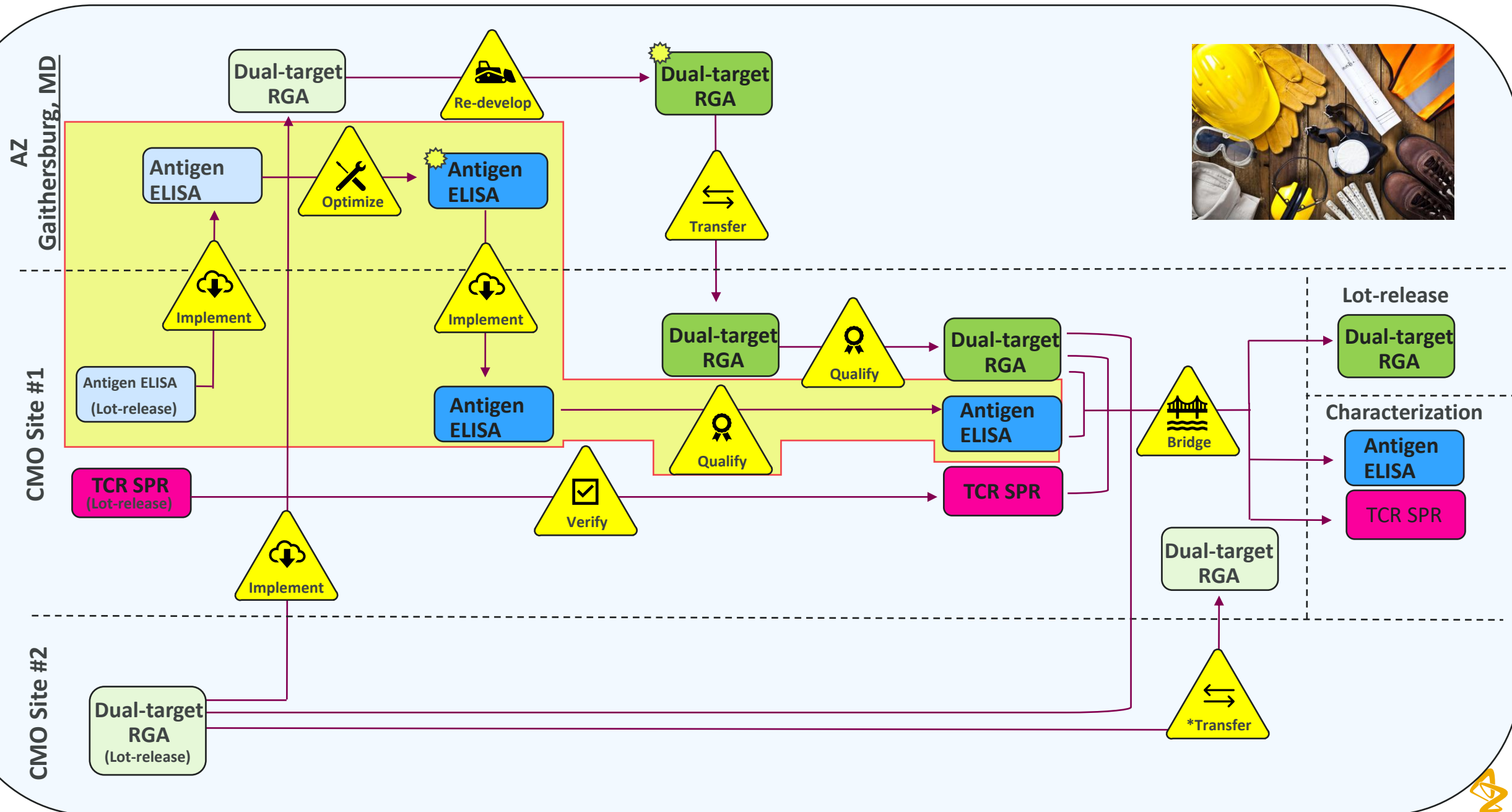


# Antigen-binding ELISA Optimization





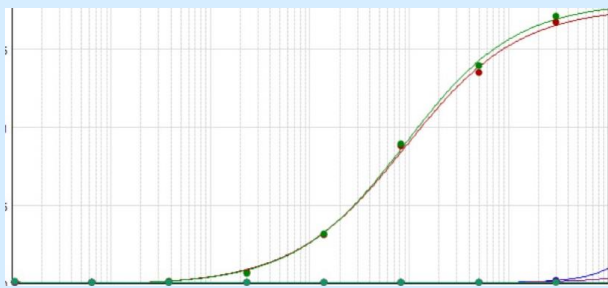
# Optimizing and re-qualifying Antigen-binding ELISA



# Antigen-binding ELISA optimization and re-qualification

## #1: Implement method at AZ

- Confirmed ill-defined upper-asymptote across three potency levels and 3 independent runs.



## #2: AZ identify assay issues

- Blocking buffer, assay buffer, and TMB reaction time all contributed to curve issues.

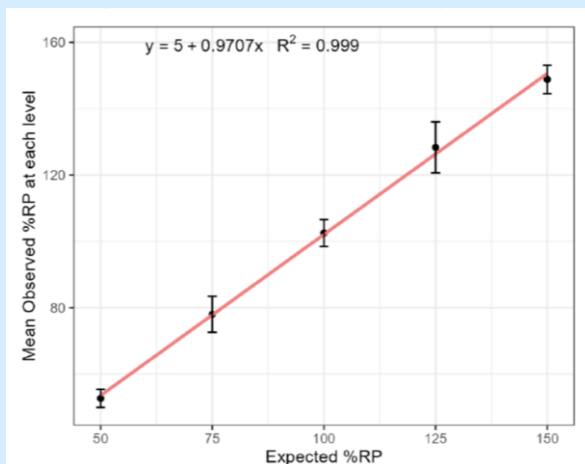
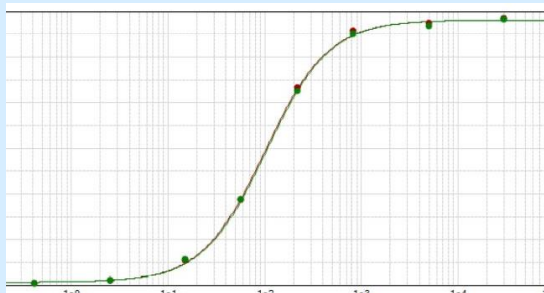
## #3: AZ optimize assay

- Replaced buffers, increased incubation times, changed dilution scheme

## #4: Implement at CMO

- CMO updated SOP and performed runs to confirmed improved performance

## #5: CMO Requalified method



Parameter	Analysis	Result
Linearity	R <sup>2</sup> from linear regression	Pass
Accuracy	90% CIs <sup>1</sup> of mean accuracies across potency range	Pass
Repeatability	%CV of potency results <sup>2</sup>	Pass
Intermediate Precision	95% CI from VCA <sup>3</sup> model fitted to run-to-run variability	Pass
Range	Linearity, accuracy, and precision criteria	Pass
Specificity	Curve visualization	Pass
Stability-indicating	Potency trend across stability timepoints	Pass

<sup>1</sup>CI = confidence interval

<sup>2</sup>Potency results were generated from independent sample replicates prepared at the nominal assay starting concentration and tested on the same day

<sup>3</sup>VCA = variance component analysis



# RGA Re-development



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# RGA re-development, transfer, and qualification

## #1: Implement method at AZ

- 3 independent runs according to current SOP across 3 potency levels.

## #2: Re-developed assay (use of DoE key to efficient redevelopment)

- Updated plate layout
- Optimized cell densities/ ratios and assay incubation time
- Changed luminescence reagent

## #3: Transferred re-developed assay

### Study Design

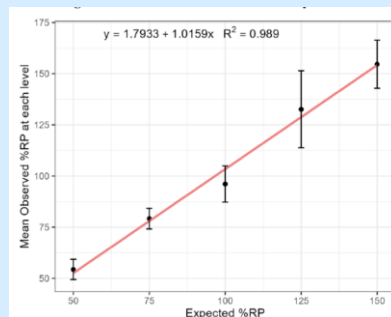
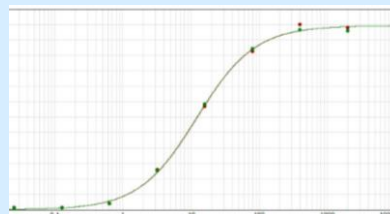
- One analyst at AZ performing 6 runs across 3 potency levels
- Two analysts at CMO performing 4 runs each across same 3 potency levels.
- Mean difference in accuracy and CIs calculated across potency levels and between sites.

### Criteria

- 90% CI of mean accuracy difference between sites and at each potency level must be within specified upper/lower bounds.
- 90% CI of mean overall accuracy difference between sites must be within specified upper/lower bounds.
- Report precision

Potency level	CI lower bound result	CI upper bound result
Level #1 (50% RP)	Pass	Pass
Level #2 (100% RP)	Pass	Pass
Level #3 (150% RP)	Pass	Pass
Overall	Pass	Pass

## #4: CMO qualified assay



<sup>1</sup>CI = confidence interval

<sup>2</sup>Potency results were generated from independent sample replicates prepared at the nominal assay starting concentration and tested on the same day

<sup>3</sup>VCA = variance component analysis

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Specificity	Curve visualization	Pass
Stability-indicating	Potency trend across stability timepoints	Pass

# Bridge Study Planning

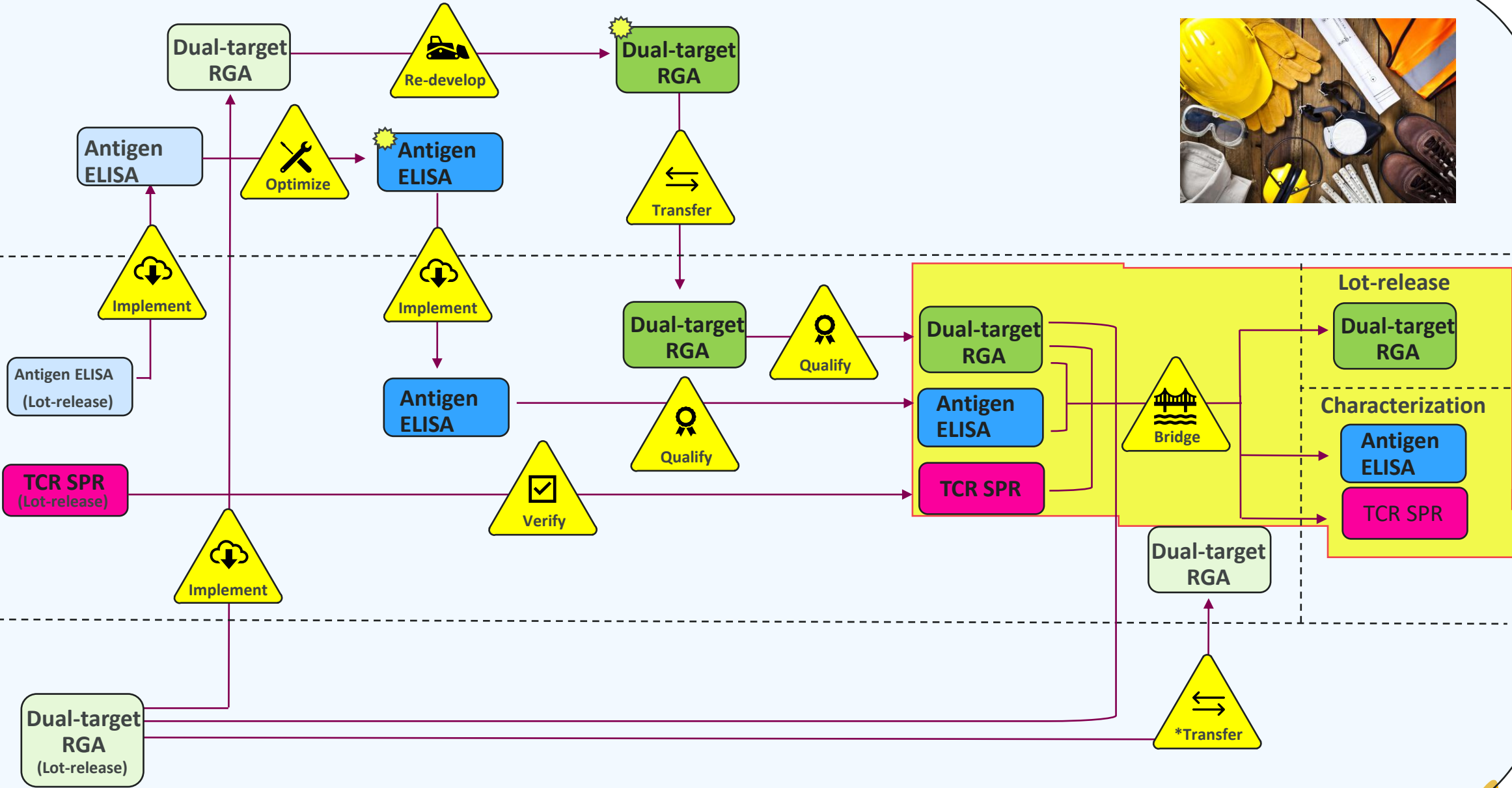


# Optimizing and re-qualifying Antigen-binding ELISA

AZ  
Gaithersburg, MD

CMO Site #1

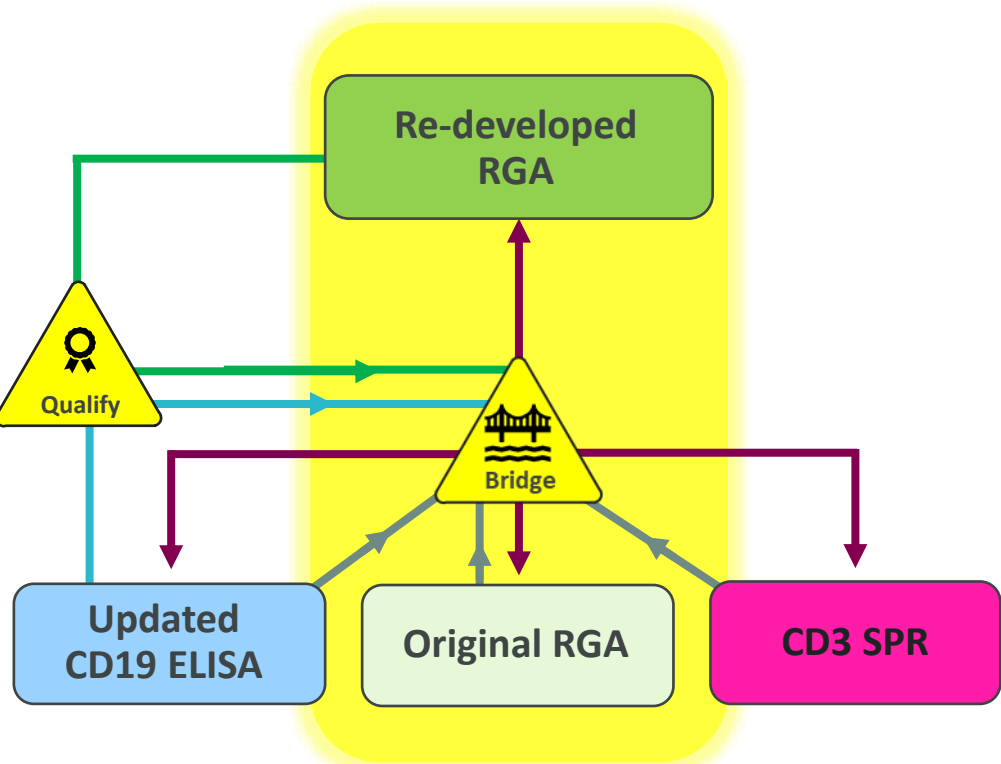
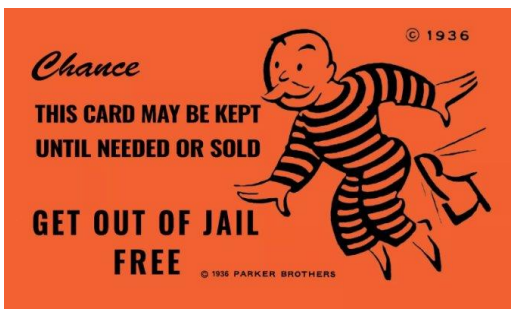
CMO Site #2





# Bridge Design

Included language in protocol that any non-equivalency will be further investigated



Study Design and Criteria: Re-developed RGA vs each Assay

Purpose	Samples	Criteria
*Equivalency of Accuracy	<ul style="list-style-type: none"><li>50% RP (n=6)</li><li>100% RP (n=6)</li><li>150% RP (n=6)</li></ul>	90% CI of mean difference is within specified bounds at each potency level and overall.
Equivalency of lot-release testing	All DS and DP lots to date (n=2 per sample)	90% CI of mean difference is within specified bounds.
Stability-indicating	Forced degradation timepoints + non-degraded control	Demonstrate similar trends
Precision	Data from accuracy testing	Report Results

\*6 independent runs distributed equally across 2 different analysts for each assay

## Original versus re-developed RGA at most risk of being non-equivalent

- Original assay demonstrated poor linearity and precision
- Want to accept non-equivalency if caused by superiority of the re-developed RGA. This is why we re-developed!



# Bridge Results



# Re-developed RGA versus Binding Assays: Equivalency of Accuracy

## Equivalency Results of New RGA vs Antigen-Binding ELISA

Level	Mean Accuracy		Mean Difference	90% LCL	90% UCL	Outcome
	New RGA	ELISA				
50%	108.7	105.3	3.4	-5.2	12.0	Pass
100%	96.1	102.5	-6.4	-13.9	1.1	Pass
150%	103.1	99.2	3.9	-2.7	10.4	Pass
Overall	102.6	102.4	0.2	-4.1	4.7	Pass

## Equivalency Results of New RGA vs TCR SPR

Level	Mean Accuracy		Mean Difference	90% LCL	90% UCL	Outcome
	New RGA	SPR				
50%	108.7	92.3	16.4	8.2	24.6	Pass
100%	96.1	93.7	2.4	-4.9	9.7	Pass
150%	103.1	95.7	7.4	0.9	13.9	Pass
Overall	102.6	93.9	8.7	4.6	12.9	Pass

## Equivalency Results of New RGA vs Old RGA

Level	Mean Accuracy		Mean Difference	90% LCL	90% UCL	Outcome
	New RGA	Old RGA				
50%	108.7	96.0	12.7	4.1	21.4	Pass
100%	96.1	116.0	-19.9	-82.5	42.7	Fail
150%	103.1	85.8	17.3	3.3	31.3	Fail
Overall	102.6	99.3	3.3	-15.1	21.9	Fail

- Equivalency criteria were met between new RGA and the antigen-binding ELISA and TCR SPR assays.
- Equivalency criteria were **not** met between the new RGA and old RGA.
  - Triggered follow-up investigation to determine reason for non-equivalency per bridging study protocol.



# Re-developed RGA versus Original RGA: Equivalency of Accuracy

Variability in the accuracy of all potency assays



**Conclusion: Accept non-equivalencies**

- 1. Non-equivalencies due to improved precision of the re-developed RGA
- 2. Justifies why assay was re-developed

Variability of reportable %RP of all potency assays

%RP Level	%CV			
	New RGA	Old RGA	ELISA	SPR
50	9.1	5.7	5.2	1.6
100	9.2	65.5	3.9	2.3
150	7.6	19.1	2.9	2.2



# Re-developed RGA versus Binding Assays: Equivalency of DS and DP Potency Results

Equivalency in potency lot-release results between new RGA and other assays

Lot	Reportable Result (%RP)			
	New RGA	Old RGA	ELISA	SPR
Lot #1	109	104	100	104
Lot #2	101	116	108	111
Lot #3	103	111	99	102
Lot #4	103	106	110	107
Lot #5	107	99	112	109
Lot #6	94	101	104	111

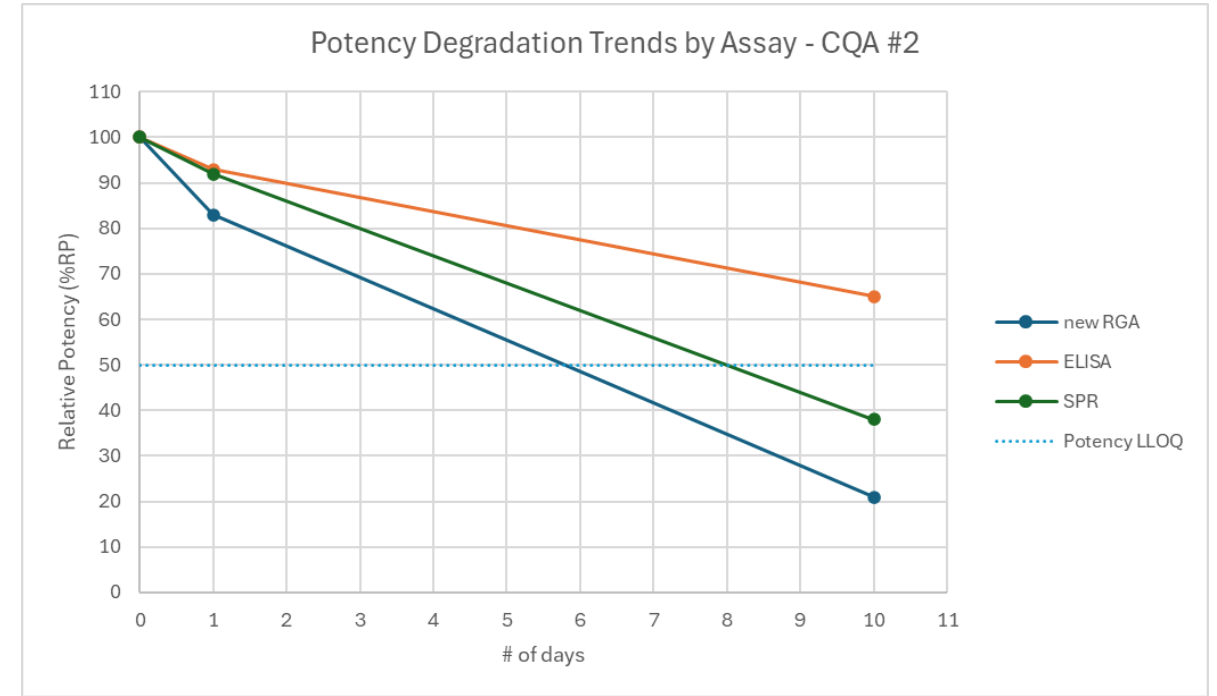
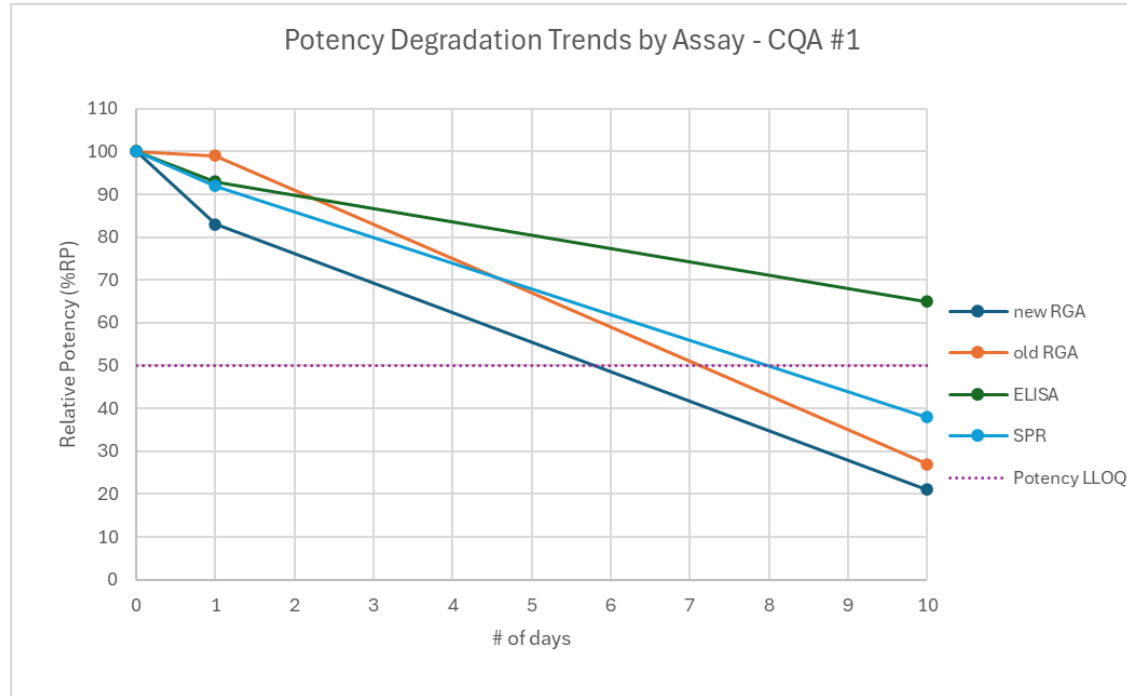
**Conclusion:** Re-developed RGA generates DS and DP lot-release testing results that are equivalent to all other methods

Confidence intervals between different method's testing results

Comparison	Mean Difference	90% LCL	90% UCL	Outcome
New RGA vs old RGA	-3.3	-10.4	3.7	Pass
New RGA vs ELISA	-2.7	-8.8	3.5	Pass
New RGA vs SPR	-4.5	-11.0	2.0	Pass



# Re-developed RGA versus other Assays: Equivalency of Stability-Indicating Properties



Note: CQA #2 was discovered after bridging study completion, so these samples were not tested in the old RGA as that method had already been replaced with the new RGA.

- Results show that new RGA is stability-indicating and sensitive to degradation at both Fab regions.



# Summary





# Summary: Execution and analysis of bridge successful

1. Re-developed RGA, Antigen-binding ELISA, and TCR SPR assays demonstrate equivalent performance
2. Re-developed RGA shows decreased variability compared to the original RGA
3. RGA is cell-based and fully-MoA reflective assay

**Overall: Re-developed RGA is suitable as a stand-alone lot-release potency method**

## Next Steps

1. Immediately replaced original RGA with re-developed RGA for all testing
2. Implemented new potency strategy for GMP release and stability testing at time of implementing new manufacturing process.
  - Antigen-binding ELISA and TCR SPR to be used for characterization only (ie process comparability studies)



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